

FORM D

Name of Offering

Type of Filing:



Filing Under (Check box(es) that apply):

Red Rock Fund, L.P. Address of Executive Offices

Address of Principal Business Operations

(if different from Executive Offices)

Brief Description of Business

Type of Business Organization corporation

business trust

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTIC

(check if this is an amendment and name has changed, and indicate change.)

Red Rock Fund, L.P. Limited Partnership Interests

New Filing X Amendment

300 East Wendover Avenue, Suite 201, Greensboro, North Carolina 27401

Securities investment fund managed by general partner and designees.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Actual or Estimated Date of Incorporation or Organization: 018

limited partnership, already formed

limited partnership, to be formed Month

Enter the information requested about the issuer

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OMB APPROVAL	

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response. 16.00

SEC USE ONLY

PURSUANT TO REGULATION D,	Prenx Serial
SECTION 4(6), AND/OR	DATE RECEIVED
IFORM LIMITED OFFERING EXEM	PTION
amendment and name has changed, and indicate change.) artnership interests	RECEIVED
Rule 504 Rule 505 Rule 506 Section 4(6)	NOV 0 4 2004
A. BASIC IDENTIFICATION DATA	
he issuer	179
ndment and name has changed, and indicate change.)	
(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
te 201, Greensboro, North Carolina 27401	336-379-7556
(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
naged by general partner and designees.	PROCESSED

other (please specify):

X Actual Estimated

GENERAL INSTRUCTIONS

Federal:

◻

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

Year

CN for Canada; FN for other foreign jurisdiction)

0(4)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



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2. Enter the information re	equested for the fo	llowing:			
 Each promoter of 	the issuer, if the is	suer has been organized w	vithin the past five years;		
 Each beneficial ow 	ner having the pow	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
 Each executive off 	ficer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
 Each general and r 	nanaging partner c	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Red Rock Partner	s, LLC				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
300 East Wendo	ver Avenue, St	ite 201, Greensboro,	North Carolina 2740	1	
Check Box(es) that Apply:	X Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
SmitH, Salley & A	Associates, LLC				
Business or Residence Addre			ode)		
300 East Wendo	over Avenue, S	uite 201, Greensboro	, North Carolina 2740)1	
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				· · · · · · · · · · · · · · · · · · ·
Col, Douglas L.					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
8275 Tournamer	nt Drive, Southy	vind Building B, Suite	186, Memphis, Tenne	essee 38125	
Check Box(es) that Apply:	X Promoter	⊠ Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
McAtee, W. Ne	al				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
8275 Tourname	ent Drive, South	wind Building B, Suit	e 186, Memphis, Tenr	nessee 38125	
Check Box(es) that Apply:	X Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Salley, George	M.				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
300 East Wend	over Avenue, S	uite 201, Greensboro	, North Carolina 2740	01	
Check Box(es) that Apply:	Promoter >	X Beneficial Owner	Executive Officer	∑ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Smith, G. Grego	ry Jr.				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
300 East Wendo	over Avenue, St	uite 201, Greensboro,	, North Carolina 2740	1	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
	(Use bias	nk sheet, or copy and use	additional copies of this sh	neet, as necessary)	

				and a second	i iii	macht Lydi	nos vile	h (a) 31431.14	NG .				
1	Waa the	ionuon col	d av daga t	ha isawan i	ntand to sa	ll to man a	aanaditad i	intrastans in	. thia offan	i_ ~0		Yes	No
l.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							X					
2.								\$ 1.0	00,000*				
-	***************************************				00 4000	,pt0= 1.0	,			ct to waiv		Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	gle unit?	••••••••		·····			X	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of As	sociated B	roker or De	aler									
Stat	es in Wh	ich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(Check	"All State:	s" or check	individual	States)	***************************************	*****					☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full	Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	: Address (î	Number an	d Street, C	ity, State,	Zip Code)			···			
Nan	ne of Ass	sociated Br	roker or De	aler	<u></u>								
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)								l States
	AL	AK	AZ	AR	CA	CO	CT	DE	[DC]	ŒL	GA)	HI	ĪD
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (Last name	first, if ind	vidual)									
Bus	iness or	Residence	: Address (î	vumber an	d Street, C	ity, State,	Zip Code)	 			···		
Nan	ne of Ass	sociated Br	oker or De	aler						**			
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	-					
	(Check	"All States	s" or check	individual	States)					••••••••••		☐ Ali	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregat Offering P		Aı	mount Already Sold
	Debt	\$		\$	
	Equity				
	☐ Common ☐ Preferred			-	
	Convertible Securities (including warrants)	\$		s	
	Partnership Interests			-	2,000,000
	Other (Specify)			\$ \$	
	Total		0,000		2 000 000
	Answer also in Appendix, Column 3, if filing under ULOE.	<u></u>		•	2,000,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
	,	Number Investors	5		ollar Amount of Purchases
	Accredited Investors	3		\$_	2,000,000
	Non-accredited Investors	0		\$_	0
	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	•	Type of	i	D	Oollar Amount
	Type of Offering	Security NA			Sold
	Rule 505			\$_	NA NA
	Regulation A			\$_	
	Rule 504			\$_	NA
	Total	NA.		\$_	NA_
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$_	··- · · · · · · · · · · · · · · · · · ·
	Printing and Engraving Costs		X	\$	1,000
	Legal Fees	••••••		\$_	3,000
	Accounting Fees	•••••		\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$_	
	Other Expenses (identify) blue sky filing fees		X	\$	3,000
	Total	•••••		\$_	7,000

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	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	3		\$ <u>14</u>	9,993,000
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for archeck the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross]			
	,	V	Di:	yments to Officers, rectors, & ffiliates		syments to Others
	Salaries and fees		☒ \$_	0*	\$ _	0
	Purchase of real estate		□ \$_	0	□ \$_	0
	Purchase, rental or leasing and installation of made and equipment	chinery	\$_	0	☐ S _	0
	Construction or leasing of plant buildings and fac	cilities	□\$_	0	□ \$_	0
	Acquisition of other businesses (including the val offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another	广1 \$	0	┌┐\$_	0
	Repayment of indebtedness					0
	Working capital		_		☐ \$_	0
	Other (specify): purchase of portfolio sec	curities	_ s_	00	⋉\$_	149,970,000
			□ \$ _	0	□ \$ _	0
	Column Totals				X \$_	149,970,000
	Total Payments Listed (column totals added)			☒ \$	149,99	3,000
	and the second s	DEFEDERAL SIGNATURE				
sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to ful information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commi	ssion,	upon writte		
Issi	er (Print or Type)	Signature	Date	1,3.01	4	
	Red Rock Fund, L.P.	Tilles				
INZ	ne of Signer (Print or Type)	Title of Signer (Fring or Type)				
	G. Gregory Smith, Jr.	Managing Member of General Partner	#1 			
	aggregate of partner capital account bal of net profits subject to a high water ma	ill receive a quarterly cash fee in an amount of lances and a yearly incentive profit allocation ark. The Issuer will also reimburse the gener organizational and initial offering expenses.	equa	al to up to 2		

--- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)